



Website: [www.mda.maryland.gov](http://www.mda.maryland.gov)

Farm Name:

Contact Name:

Address:

Telephone:

Fax:

Email:

Is the sample for a crop insurance claim? Yes No If so, must be submitted by a person approved by the Insurance Company.

**SUBMITTER**

Name:

Address:

Telephone:

Fax:

Email:

Crop Insurance Adjuster: Yes No

Other:

BILL TO (Name and address):

FID/SS #

SAMPLE ID NUMBERS:

Type of grain – complete name (Ex. Soft red winter wheat):

**Type of Tests Requested**

Test Weight

Moisture

Grade

Mycotoxins

Specify type(s):

Circle one: Qualitative

Quantitative

Supplemental testing is authorized for any samples where quantitative is requested: Yes No

Fees are \$20.00 per submitted sample, plus \$30.00 per sample for each type of mycotoxin testing  
Sample size must be a minimum of three (3) pounds for wheat, rye, barley; five (5) pounds for soybeans. Larger samples may be required for mycotoxin testing, depending on the grain and type of mycotoxin testing requested. Please contact our office for exact specifications.

**For MDA use only**

Date Sample Received:

Date Submitted to Lab:

Date Results Received from Lab:

Date Certificate Sent to Applicant:

Fees: \_\_\_\_\_ Submitted Sample \$15.00 \_\_\_\_\_ Mycotoxins \$30.00 TOTAL: \_\_\_\_\_